# State of the District 2015: The Price of Readiness

Understanding the Financial Requirements of Rural Ambulance Service



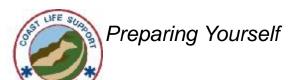
#### Presentation to the Coast Life Support District Board of Directors

19 January 2015 Scott Foster, District Administrator



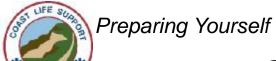
### **Presentation Overview**

- Introduction: Preparing Yourself for Your Community Role
- Part I: Historical Review, Current Mission
  - How we got to where we are today
- Part II: What it Takes
  - Meeting the mission
- Part III: What It Costs
  - A review of the program components
- Part IV: Where the Money Comes From
  - Patient Revenue and Taxes
- Part V: What It All Means
  - Thinking Strategically



# Community Questions Are You Ready?

- "My taxes are too high"
  - What is the implication of a change in tax rate?
- "You guys charge too much"
  - What do we charge?
  - How much do we collect, and why so little?
- "Those paramedics and EMTs make too much."
  - What is the comparable labor market and rate?
  - What about the Operations Manager?
- "We want an ambulance in Timber Cove!"
  - How much would that cost?
  - How big an increase in tax or patient volume is needed?



# Community Questions Are You Ready?

- Why does everyone have to pay for the ambulance even if they don't use it?
- Why do I have to pay extra for ambulance services separate from taxes (like CALSTAR and REACH, where membership fees cover the costs fully for services)
- What is a "dry run" and how is it paid for? How many are there?
- How does CLSD pay for "patient refused transport"?
- Why aren't the EMTs volunteers, like the fire departments?



### Part I: Historical Review

- Historical Perspective
- The Early and Middle Years
- Transition to Current State
- Current State
- Mission & Demand for Services



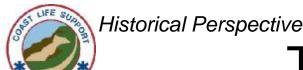
# Historical Perspective

- Early 1980s
  - Local citizen leaders recognize need for ambulance service
  - Bill Platt and others create support for a Special District
- 1986 Legislation for Special District
  - AB 4227, 16 Jul 1986 creates District
  - Visionary: scope is broad enough to include other health care and facilities
  - Special tax is levied to support ambulance service



# The Early Years

- District was smaller
  - Tax boundaries at Stewart's Point and Point Arena
- Service provided by private contract
- One ambulance
- Not 100% coverage by paramedic
  - Backup by volunteer EMTs, Fire Depts.
- Stationed out of rental house above Gualala
- "Wild West" ambulance service



### The Middle Years

1998-2008

- AB 2672 8 Feb 1988 District annexes Timber Cove and Manchester
- District becomes its own employer
- Station built on land donated by Bower
- BLS "Volunteer" program established
- Administrative staff includes part-time District Administrator/Paramedic and Business Manager
- AB 2091 June 2006 allows resident/property owner discount



### Transition to Current State

2008 – Now: Building a Respected Public Agency

- Professionalism of BLS Crew
  - Shift stipend, pay parity, uniforms, training
  - Yields 100% shift coverage
  - Keeps paramedic on the coast!
- Full-time, senior paramedics
- Medical Director position development
  - Board-certified Emergency Medicine physician
  - Leader in developing expanded scope of practice
- Development of professional administrative staff
  - Part-time Operations Manager, Fiscal Officer



### **Current State**

- Widely recognized and respected public agency
- Scope of practice beyond any other ALS in state
- 100% shift coverage for both ALS and BLS
- State of the art facilities, vehicles and equipment
- Solid financial footing for next 3-5 years
- Solid public support
  - Five local fire agencies work together on EMS
  - ~70% support of last tax increase



### **Current Ambulance Mission**

#### Demand for Services Factors

- Population
  - 6400 +/- citizens
  - Seasonal tourist surges can double population
  - Stable size and age demographic
  - Significant older population
  - Broad socioeconomic range
- Medical care availability tops quality of life list
  - Senior population
  - Young families



# Geography & Weather

- Geography & Weather
  - Linear district with challenging roads and weather
  - Longest ALS response and transport times in state
  - Helicopter support declined >50% due to weather





- Seven population centers
- Five area fire agencies
  - Provide EMS support during extended response times
- CLSD response area <u>less than</u> geographic District taxing boundaries
  - Tax boundaries determined by existing school districts
  - Ambulance response area determined by response time
  - In-District properties not served by CLSD ambulance are not taxed.





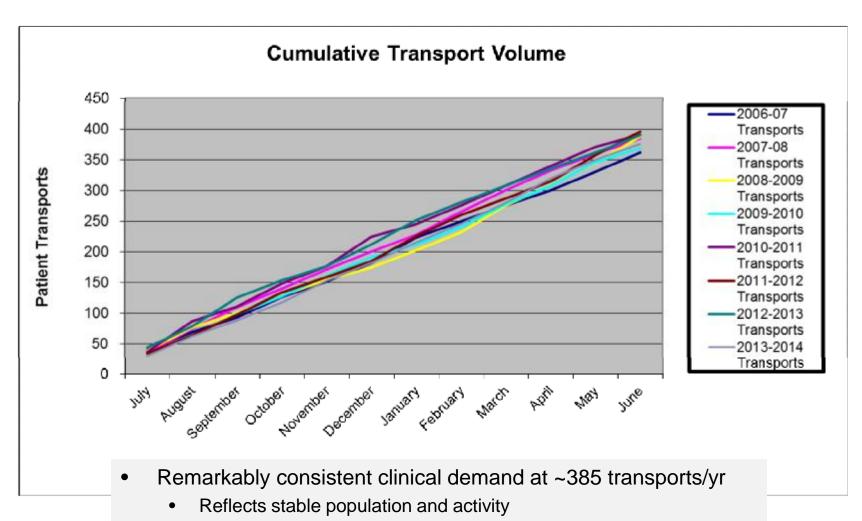
### Demand for Services

#### What is the Need for an Ambulance?

- Historical demand remarkably consistent
  - Dispatch calls for service ~750/year
  - 385 transports/year
  - Budgeted rate of service
- CY2014 showed increased volume
  - 892 Dispatch calls for service
  - 421 Transports
  - Not necessarily a trend
- Planning/budgeting challenges
  - Revenue based on random mayhem and illness



### Demand for Services



Allows for high confidence in planning



### Part II: What it Takes

Meeting the Mission in a Remote Environment

- Components of Readiness
- Ambulance Demand Levels
- Current Ambulance Staffing Levels
- Total Personnel Requirements



### Components of Readiness

Highest Quality of Care for the Community

- Highly experienced staff clinical and administrative
  - Optimum staffing model
  - Competitive pay scale
  - Balance of clinical coverage and cost
- Strong personnel support
  - Training
  - Medical and Administrative oversight
- High quality vehicles, equipment and supplies
- Multi-use facility
  - Ambulance station
  - Crew Quarters
  - Training facility



### **Ambulance Demand Levels**

- Services demand supports only one full-time paramedic ambulance
  - ~2 dispatches per day
  - Averages ~1 transport/day
- BLS ambulance has dual function
  - Responds when ALS is otherwise committed
  - Transports non-ALS patients
    - Keeps paramedic on the coast!
- Third-out ambulance occasionally required
  - ALS/BLS off-duty crews step up
  - Rare coverage by neighboring agency



# **Current Staffing Levels**

- Advanced Life Support (ALS) Ambulance
  - One ALS ambulance available 24x7
  - Senior Paramedic/Shift Supervisor
  - Senior EMT
- Basic Life Support (BLS) Ambulance
  - One BLS ambulance on-call (15min response)
  - Lead EMT
  - BLS EMT



# Total Personnel Requirements

#### Balancing Cost and Quality

- Paramedics
  - Three FT, one PT is optimum mix for total cost
    - Two days on, four days off
- ALS EMT
  - Three FT with backup designated from BLS crew
- Admin Overhead
  - Part-time District Administrator and Fiscal Officer
  - Part-time Operations Manager/Paramedic
- Other duties
  - Due to low volume, all FT staff have additional responsibilities
  - Clinical review, supplies, equipment, IT, training, etc.
  - Increases organizational efficiency and lowers total cost



### Part III: What it Costs

- Personnel
- Operations
- Overhead
- Training
- Loose Ends



### Personnel Cost Elements

- Salaries and related costs
  - Social Security and payroll taxes
  - Workers Compensation Insurance
  - Program management additional stipends
    - Training, CPR
  - Performance-based merit pay
- Benefits
  - Health insurance, uniforms, CalPERS



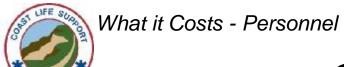
## FY Salaries = \$787K

- Paramedic \$54.1K \$70.6K
  - \$16/hr \$21/hr plus overtime
- ALS EMT \$42.5K \$55.5K
  - \$13/hr \$16/hr plus overtime
- BLS EMT
  - On-call stipend \$100
  - On-call hourly \$28/hr \$37/hr
- District Administrator \$61.3K \$79.9K
- Operations Manager \$54.6K \$71.3K
- District Fiscal Officer \$37.5K \$48.9K
- Ø Most employees are at top of scale



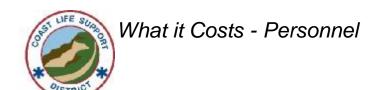
# Salaries Cost Multipliers

- Social Security \$10.6K
  - 6.2% of wages
  - Only for part-timers—full time are under CalPERS
- CalPERS \$83.8K
  - 15.8% of wages for Admin (DA, DFO)
  - 19.4% of wages for Safety (EMTs, Paramedics)
- Workers Comp \$26K
  - 6.3% of wages for Admin
  - 6.7% of wages for Safety



# Other Wages

- Part-time wages \$142.6K
  - BLS Program
- Management stipends \$9.8K
  - Training Programs Manager \$6K
  - Field Training Officer \$3K
  - CPR/AED Program Coordinator \$1.8K
- Performance-based Merit Pay \$30K
  - Up to 5% of gross annual wages
  - Based on clinical and organizational performance



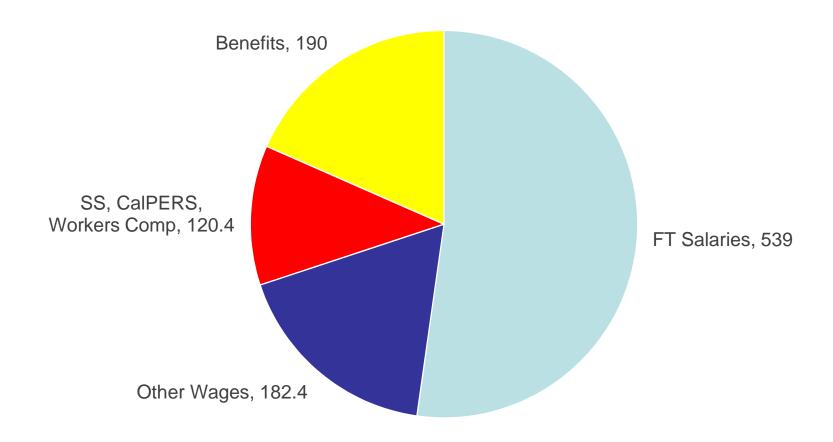
### Benefits

- Health Insurance Program \$102K
  - \$1K monthly into health insurance or HSA
  - If not enrolled, given as taxable income
- CalPERS Program \$83.8K
  - Conservative program 2%@55
  - Pension = 2% of annual wages x years in program,
    - Eligible after age 55
- Uniforms \$4.2K
  - Considered "benefit" in CalPERS



# Personnel Costs Summary

Personnel \$1031K





# **Operations Cost Elements**

- EMS Medical Director (Consultant) \$37.8K
  - Board-certified MD, highly regarded in EMS state-wide
- Dispatch Services \$29.5K
  - REDCOM annual pro-rated share of program costs
- Station Expenses \$33.3K
  - Small equipment, Supplies, Utilities, Maintenance
- Vehicle Expense \$30K
  - Fuel and maintenance



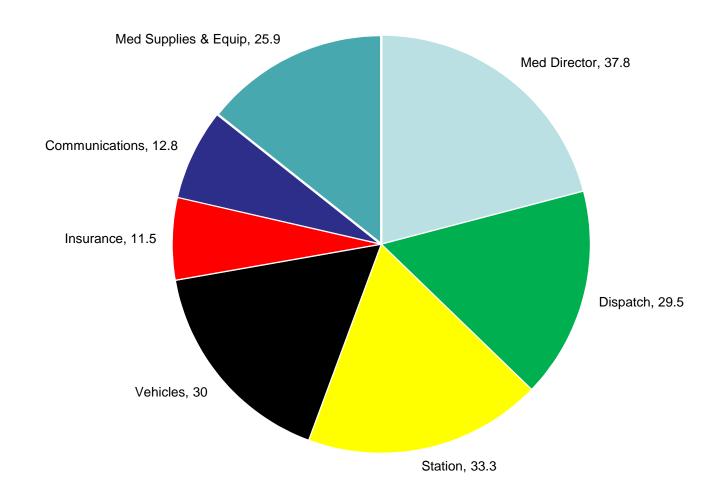
# **Operations Cost Elements**

- Insurance \$11.5K
  - Cindy Elber Insurance Ambulance Specialists
- Radios & Communications \$12.8K
  - Repairs, replacement equipment, ATT tower lease
- Medical Supplies and Equipment \$25.9K
  - Small equipment, repairs, medical supplies
  - Includes in-house Disaster Preparedness supplies



# **Operations Cost Summary**

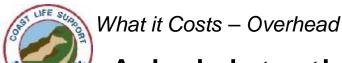
Operations \$183.6K





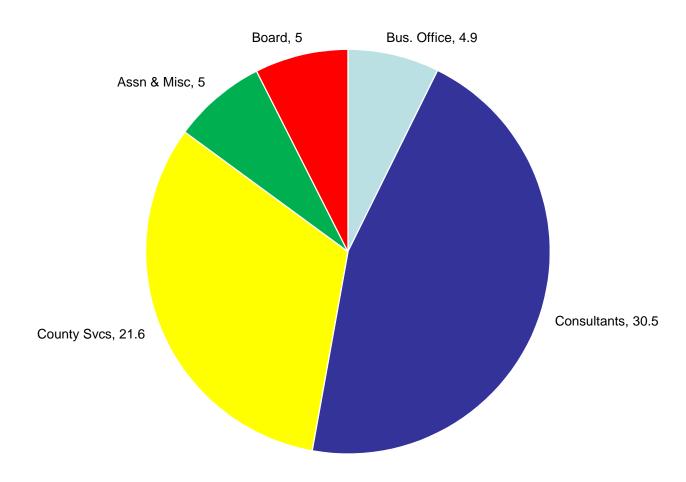
### Administration & Overhead Cost Elements

- Business Office Operations \$4.9K
  - Business software and Collections
- Board Expenses \$5K
  - Strategic planning consultant, travel, awards
- Consultants \$30.5K
  - Bookkeeping, Audit, Tax Mgmt, Financial Reports
- County Services \$21.6K
  - Property tax administration, accounting
- Associations, travel, misc. \$5K



# Administration & Overhead Cost Summary

#### Admin & Overhead \$67K





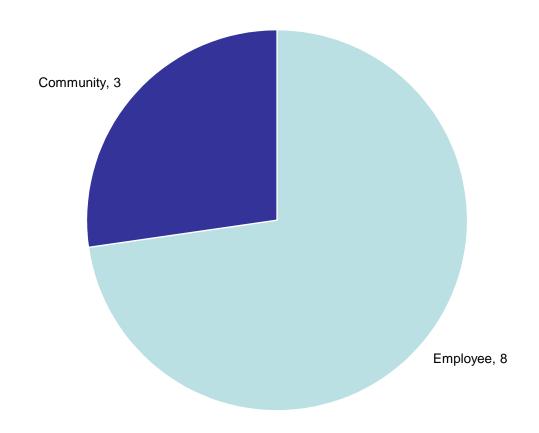
### Training Programs Cost Elements

- Community Training \$3K
  - Equipment and supplies
  - Includes CPR/AED and other programs
- Employee Training \$8K
  - Includes opportunities for both ALS and BLS crew
  - Includes new employee orientation



# **Training Programs Cost Summary**

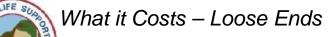
Training \$11K





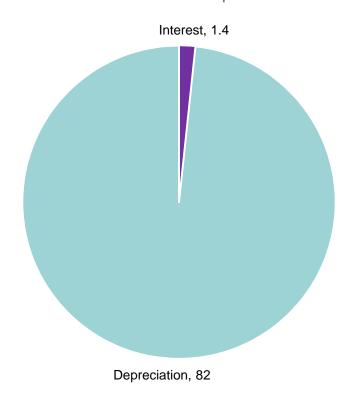
### Other Cost Elements

- Interest on Capital Expense \$1.4K
  - EMS intra-program loan from UC
- Depreciation Expense \$82K
  - Capital Equipment



# Other Cost Elements Summary

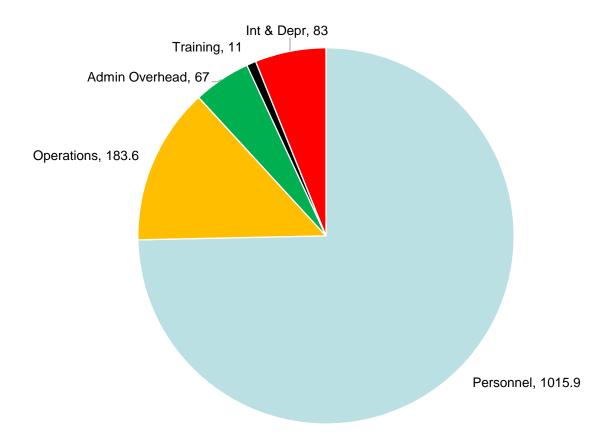
#### Other Costs \$83.4

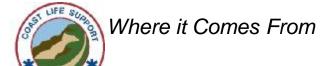




# **Total Program Cost**

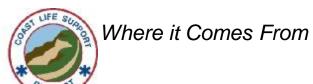
FY14-15 = \$1361K





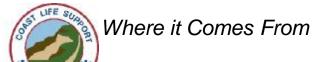
# Part IV: Where The Money Comes From

- Patient Revenue
  - Sources
  - Reductions in Revenue
- Taxes
  - Sources by County
  - Sources by Property Type



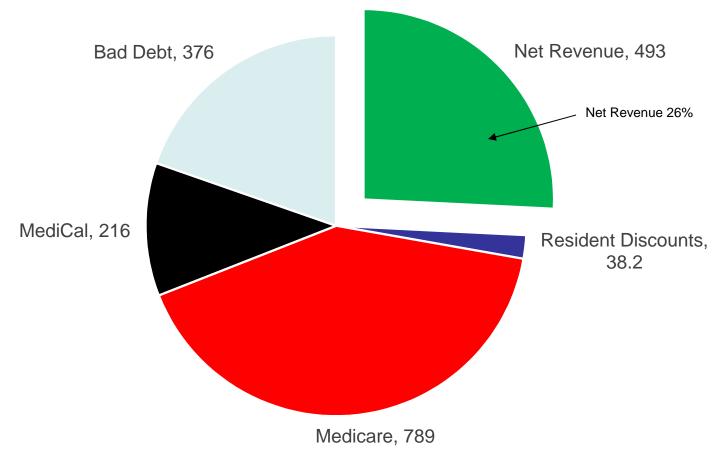
#### Patient Revenue

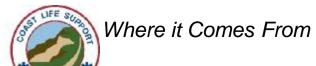
- FY13-14 Total Billed \$1913K
  - FY14 average bill \$5089
  - Comparable to AMR Santa Rosa, plus mileage \$
- Patient Revenue Net \$493K
  - Average collection/transport \$1311
    - Collection rate only 26%
  - Statutory reductions
    - Medicare \$789K
    - Medi-Cal \$216K
    - Bad Debt
  - FY14 Resident Out of Pocket 50% Discount \$38.2K



# Patient Revenue Summary

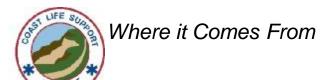
#### FY14 Billed Patient Revenue \$1913K





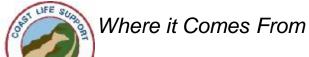
### **EMS Tax Revenues**

- EMS Tax \$44/unit
- Annual tax based on use (per law)
  - Vacant buildable lot \$44
  - Residential single family home \$132
  - Farm \$176
  - Duplex \$264
  - Multi-family residences and Institutions \$352
  - Service Stations, stores, commercial \$440
  - Hotels, restaurants, theaters \$880



## EMS Tax Revenue by County

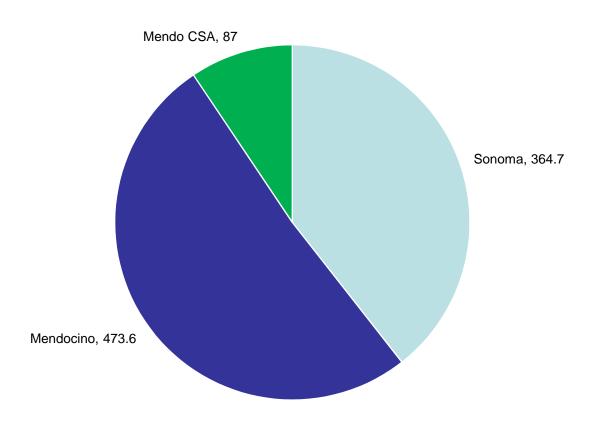
- Sonoma County \$364.7K
  - Pays out taxes as collected 2x/year
- Mendocino County \$561K
  - Pays out taxes as billed 2x/year (Teeter Plan)
  - Does not include small bills (<\$100)</li>
  - Also shares County Service Area tax \$87K

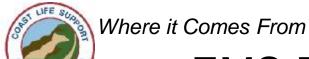


# **EMS Tax Revenue Summary**

#### Payments by County

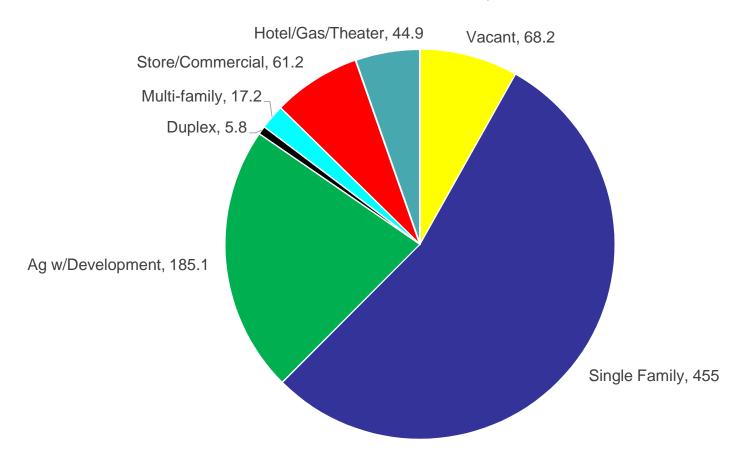
FY14-15 EMS Tax Income \$925K





### EMS Revenue by Property Type

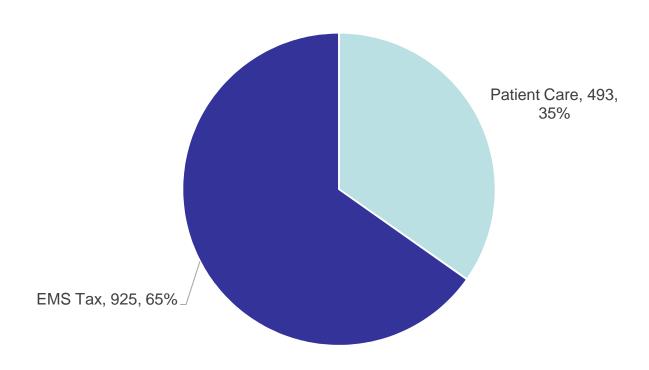
#### EMS Tax Income \$837K





## **EMS** Revenue Summary

#### EMS Revenue \$K





#### Part V: What It All Means

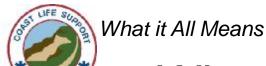
Thinking Strategically About Finances

- What You Get for Your Money
  - High Quality Service: Trained, Equipped, and Organized
- Operational Costs and Demand
  - Example: Cost and services equivalencies
  - Example: Costs of providing additional services
- Forecasting Revenue and Cost Growth
- Next Year's Budget Issues



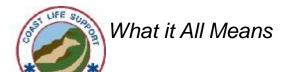
# The Mendonoma Blue Angels





## What You Get for Your Money

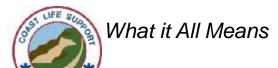
- Trained
  - Seasoned team with top credentials
    - Senior paramedics, ER-credentialed Medical Director
- Equipped
  - Top-quality vehicles and equipment
  - Broadest scope of practice in the state
- Organized
  - Efficient overhead and supporting duties
  - BLS crew professionalized to maximize coverage
  - Leader in coastal EMS, Disaster Prep, and Communications



### Example: Cost & Services Equivalencies

Strategic Thinking in Round Numbers

- \$1 in tax/unit equals
- \$3/year for homeowner
- ~ \$20K in Revenue
- 15 patient transports
- One day/week of BLS coverage
- Half the cost of the Resident Discount program
- The combined budgets of:
  - Training
  - Board of Directors
  - Association Membership



### **Example: Operational Costs and Demand**

Does a Second Ambulance Make Sense?

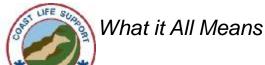
- Cost Components of Additional Service
  - One paramedic FTE ~\$100K/yr
  - One EMT FTE ~\$75K/yr
  - One ambulance \$140K or \$30K/yr
- Annual cost to add second ambulance ~\$575K
  - 3 paramedics \$300K
  - 3 EMTs \$225K
  - Ambulance (incl. fuel, maintenance, garage) \$40K
  - Plus training, oversight, uniforms, insurance
- Revenue options to support second ambulance
  - ~\$30/unit increase in taxes (\$90/year to homeowner)
  - 439 patient transports (additional ~900 dispatches)



### Forecasting Revenue & Cost Growth

Budget Factors for FY15-16

- Revenue Growth Sources Negligible
  - Stable population
    - Those aging out replaced by younger seniors
    - No potential for significant growth
  - Possible increases in patient revenue
    - ACA created more insurance coverage à less bad debt
    - Medi-Cal reimbursement program
  - Tax base may grow as homebuilding recovers
    - Slight growth in building (lot-to-house yields \$88)
  - Increased patient volume
    - ~40 patients this year yields ~\$50K



### Forecasting Revenue & Cost Growth

Budget Factors for FY15-16

- Cost Growth Likely Areas
  - Salary scale Cost of Living Adjustment (COLA)
    - Sum of Gann Limit area economic inflators FY12-15
    - 3.15% COLA = \$22K
  - Medical CPI-U Inflation Index 3.1%
    - Applies to medical supplies and equipment
  - Dropping fuel costs will have negligible impact
    - Diesel fuel price has not dropped like gasoline



### FY15-16 DA Budget Issues

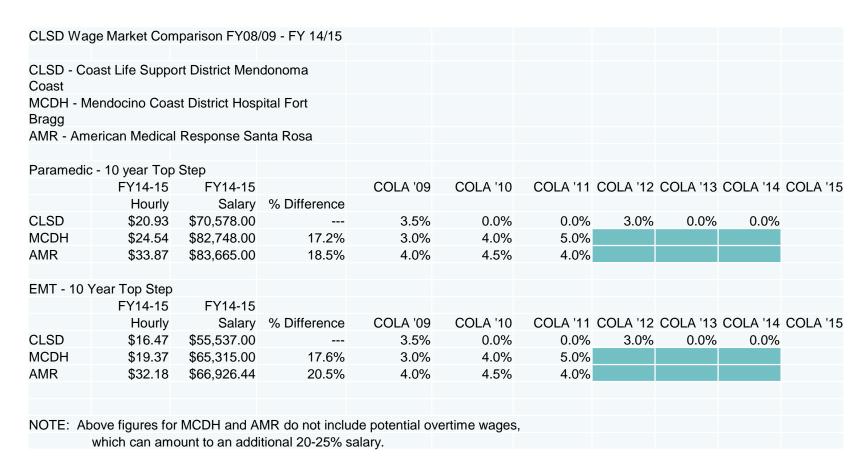
- 3.2% COLA
  - Maintain parity with labor market
  - Tie rates to county inflation factors
- "No Out-of-Pocket" for residents and property owners
  - Similar to REACH and CALSTAR



# Backup Slides



### Labor Market - Paramedic





### **FY14 Resident Discount**

50% Out-of-Pocket Discount for Residents and Property Owners

FY2013-14 Quarter	Patients	\$ Discounted
Q1	31	7,647
Q2	32	14,862
Q3	30	7,994
Q4	30	7,442
TOTAL	123	37,945



### FY2015 Patient Fees

2	BLS Non-Emergency	\$1056	<b>(2)</b>	Mileage per mile	\$35
2	BLS Emergency	\$1551	-	Overgon	Ф1 <b>Б</b> О
<b>3</b>	BLS Emergency/Night	\$1678	-	Oxygen	\$158
2	ALS I Non-Emergency	\$2664	<b>②</b>	EKG	\$221
2	ALS I Emergency	\$3184		BLS Treat and Release	\$198
2	ALS I Emergency/Night	\$3589	(Z)	ALS Treat and Release	\$488
2	ALS I Emergency/EKG	\$3389		ALS Trout and Notocoo	φισσ
2	ALS I Emergency/EKG/Night	\$3586	<b>(2)</b>	Late Payment Fee	\$12
2	ALS II Emergency	\$3728			
2	ALS II Emergency/Night	\$3945			